MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
10/820382	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 8-23-05 Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend		CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
1	{	{						51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10	/							60						
11		/						61						
12	/	/						62						
13		/						63						
14		/						64						
15		/						65						
16		/						66						
17		/						67						
18		/						68						
19	/							69						
20	/							70						
21	/							71						
22	/							72						
23		/						73						
24		/						74						
25		/						75						
26		/						76						
27		/						77						
28		/						78						
29		/						79						
30	/							80						
31		/						81						
32	/							82						
33		/						83						
34		/						84						
35		/						85						
36		/						86						
37		/						87						
38		/						88						
39		/						89						
40	/							90						
41		/						91						
42	/							92						
43		/						93						
44		/						94						
45		/						95						
46		/						96						
47		/						97						
48	/							98						
49		/						99						
50								100						
Total Indep	11							Total Indep						
Total Depend	29							Total Depend						
Total Claims	40							Total Claims						